

Message

From: [Employee #1]@practicefusion.com]
Sent: 3/24/2015 7:10:14 PM
To: [Employee #2]@practicefusion.com]; [Employee #6]@practicefusion.com]
CC: [REDACTED]@practicefusion.com]; [REDACTED]@practicefusion.com]; [Employee #5]@practicefusion.com]; [REDACTED]@practicefusion.com]
Subject: RE: Pain Franchise - Individual Brand KPI's

Objectives for [Pharma Co. X] Pain Franchise solution:

- *Help [Pharma Co. X] maintain its Chronic Pain leadership across the portfolio [Pharma Co. X]
- *Leverage an EMR platform solution to help providers assess, diagnose and treat chronic pain
- *Identify appropriate patient types, by Opioid-Naïve, OxyCodone IR and Hydrocodone IR for optimal brand positioning
- *Measure effectiveness of the Chronic Pain solution through real-time metrics derived from real-time EMR platform

Employee #1

From: [Employee #1]
Sent: Tuesday, March 24, 2015 7:43 AM
To: [Employee #2] [Employee #6]
Cc: [REDACTED] [Employee #5] [REDACTED] [Employee #1]
Subject: Pain Franchise - Individual Brand KPI's

Hi, good morning.

While there are certainly similarities in the promotion/education/DX and TX of opioids (like [REDACTED] and other pain cos.), I would agree, [Pharma Co. X] has its own KPIs for each individual brand and its own patient population that it has identified for targeting.

Pain Franchise:

KPI's: [Pharma Co. X] it's products have been helping patients manage and treat pain for over [Pharma Co. X]
[Pharma Co. X] brands help patients manage pain and be **productive**, by utilizing products with unique delivery systems [Pharma Co. X] which reduces the need for multiple pills every 3-4 hours
Reduces opioid abuse with unique FDA approved/patent protected formulations
Educate providers and patients on treatment of chronic pain through its [Pharma Co. X] website
Created an industry leading educational tool, [Pharma Co. X] on addressing abuse, diversion, etc.

[Pharma Co. X]

Target Patient: Opioid naïve patients

KPI's: Discuss new dosage form, [Pharma Co. X] initial dose for opioid-naïve patients is [Pharma Co. X] and this is important because [Pharma Co. X] has data that has shown that lower doses did not provide adequate pain relief. Patients were asking their providers to give them another pain med; hence, a high switch rate. For opioid experienced patients, the biggest issue is to titrate to an "equi-analgesic" dose. This requires experience by the provider.

[Pharma Co. X]

Target Patient: Oxycodone IR patients

KPI's: Target Oxycodone IR patients with **Pharma Co. X** messages

Discuss performing a Pain Assessment at every visit and before each RX

Target other ERO users with Abuse Deterrent Formulation Message

Target ERO users with MCO coverage message

Again, **Pharma Co. X** has research here that shows average dosage of **Pharma Co. X** continues to decline.

Pharma Co. X

Target Patient: Hydrocodone IR patient

ADF Claim: **Pharma Co. X** hydrocodone with FDA-approved Tier 1 and Tier 3 labeling that describes abuse-deterrent characteristics; it is a once/day, 24 hours tablet with no acetaminophen.

KPI's: Discuss the brand and its uniqueness in the market

Discuss benefits of once daily dosing

Titration from one analgesic to another

Managed care coverage and co-pay/patient savings card

Has engaged, *Cover My Meds* for ePA

Has engaged *Fingertip Formulary* resource tool to let providers know what plans have coverage for **Pharma Co. X**

Employee #1

From: **Employee #2**

Sent: Monday, March 23, 2015 5:15 PM

To: **Employee #6** **Employee #1**

Cc: **Employee #5**

Subject: Re: **Pharma Co. X** Opioid & Pain Score

Lots of options here.

What I want to know is

What is **Pharma Co. X** objectives as a franchise, for their brands, and their 2 – 5 commercial plan.

Can someone look at the business reports, their corporate presentations (ie. At Healthcare conferences), or I can call my former agency - we need to know what THEIR objectives are. Even if we look at their education in the marketplace to docs... For tomorrow I would like to learn more about the customer's **Pharma Co. X** "pain points" are.

REMS is one way, Coming up with innovative messaging around ECPS, there are quiet a few. If we need to take same direction as **Pharma Co. X** – OK – however I bet they are looking at slightly different things.

Thanks !

Employee #2

Employee #2

From: Employee #6 <[REDACTED]@practicefusion.com>
Date: Monday, March 23, 2015 at 5:04 PM
To: Employee #2 <[REDACTED]@practicefusion.com>; Employee #1 <[REDACTED]@practicefusion.com>
Cc: [REDACTED] <[REDACTED]@practicefusion.com>, [REDACTED] <[REDACTED]@practicefusion.com>, Employee #5 <[REDACTED]@practicefusion.com>, [REDACTED] <[REDACTED]@practicefusion.com>
Subject: Re: Pharma Co. X Opioid & Pain Score

I think another thing to keep in mind...we have been in talks with [REDACTED] on this same franchise concept. They have spend a lot of time and \$\$ on [REDACTED] and putting framework around a very specific program to help doctors document the patient's pain journey. Also, they are really focusing long term on IR to ER to abuse deterrent.

Also, a while back I was asked to put forth some information on a new REMS program the FDA is requiring re: opioids. I think this is where we can really frame the discussion around appropriate use.

Employee #6

From: Employee #2
Date: Monday, March 23, 2015 at 1:51 PM
To: Employee #1
Cc: Employee #6, [REDACTED], Employee #5, [REDACTED]
Subject: Re: Pharma Co. X Opioid & Pain Score

Hi [REDACTED]

Thanks for overview. I will join the solution configuration session tomorrow to learn and also to push the teams to create a large scale solution that leverages the full ok platform plus a significant data portion.

I met with [REDACTED] and he /I are in board with presenting one solution and having the data and the biopharma sales teams present together

Looking forward to seeing what we can develop for this pain franchise !

Cheers

Employee #2

Sent from my iPhone. Please excuse typos.

On Mar 23, 2015, at 4:41 PM, Employee #1 <[REDACTED]@practicefusion.com> wrote:

Here are my thoughts for the pre-call Pharma Co. X Pain Franchise call tomorrow.

Background: With an entirely new management team, marketing and managed markets folks, Pharma Co. X is trying to think like big Pharma. Most of the new staff, including the Pharma Co. X who is from [REDACTED] followed by Pharma Co. X from [REDACTED] Pharma Co. X from [REDACTED]

Pharma Co. X Pharma Co. X [REDACTED] and Pharma Co. X [REDACTED] have all been brought on board to inject new thinking into Pharma Co. X

Competitors: [REDACTED] re-launch of [REDACTED] by [REDACTED] and [REDACTED] brands.

History: Pharma Co. X has been an extremely cautious marketer and even slower to adopt new ideas. Participation in PF is minimal, mostly as a result of [REDACTED] not allowing messages at DX. We have done a Co-Pay program for Pharma Co. X and a Pharma Co. X program for Pharma Co. X...a start to be sure.

PF Data Density: Excellent in chronic pain DXs, visits, RXs for EROs and IR opioids, including Pain Scale (multiple proposals have been delivered to both the HEOR and Mkt Research teams). Pharma Co. X has communicated that the average dosage of Pharma Co. X is declining; the IMS Health data proves this. Providers are hesitant about using high dosages to combat pain for a variety of reasons, mostly, political pressure. As a result, Pharma Co. X is toying with the idea of using Pain Assessment tools with the provider at every visit and before every RX.

Pain Franchise: For the first time, Pharma Co. X has Pharma Co. X in the market: Pharma Co. X (see enclosed positioning slide). As pain experts dating back to the Pharma Co. X Pharma Co. X has celebrated both success and turmoil with Pharma Co. X. It has become the source of one of the largest fines ever paid, at Pharma Co. X. To keep its Pharma Co. X patent, it re-formulated with Abuse-Deterrent properties at a cost of Pharma Co. X. It has also failed at introducing new products to its portfolio Pharma Co. X. Pharma Co. X to stem the loss of revenue from Pharma Co. X.

Opportunity: PF has a chance to present/create a Pain Franchise concept that aims to target [REDACTED] different types of patients: opioid naïve with Pharma Co. X move/start patients from OxyCodone (generic) IR to Pharma Co. X and start new patients from Hydrocodone to Pharma Co. X. The enclosed spreadsheet from DS shows the data and interesting correlation to Pain Scale.

Solutions: Leverage our dataset in chronic pain:

- Create messaging programs for all three patient types
- Leverage a coordinated care management plan that includes both: a) CQM for Pain and b)

S/I/A Pain Assessment tools

- Additionally, imbed other Pain Tools, such as the Opioid Check-List and/or Tools, like Pain Diaries from Pharma Co. X in the EMR
- Discuss a patient-directed plan that helps educate those who take opioids: (FYI, [REDACTED] told me that for the first time, Pharma Co. X may release a [brand.com](#) for Pharma Co. X...this is being considered to counter the negative press, misinformation and to help patients engage in a dialogue with their providers. Additionally, Pharma Co. X will receive new labeling in August, that clearly differentiates their Abuse Deterrent Formulations, from [REDACTED] for example, as being of the highest level.)
- Finally, deliver data in a cohesive manner that helps target patients better and helps improve decision making and message delivery

Employee #1

From: [REDACTED]
Sent: Friday, March 20, 2015 5:10 PM
To: [REDACTED]

Cc: **Employee #6** **Employee #1** [REDACTED]
Subject: **Pharma Co. X** Opioid & Pain Score

Hi all,

Attached are the results requested for **Pharma Co. X**. A few notes about the spreadsheet:

- I did my best in defining the right drug classes, but I'd appreciate a quick scan over the specs tab in case there's something obviously amiss. I removed 'extended release' products for oxycodone / hydrocodone by excluding anything with '... ER...' or '... XR...' in the trade name.
- The diagnosis/drug groups are not mutually exclusive, so you can't sum the bottom table – I've provided the high-level counts in the two tables above.
- I had to use pain scores > 0 because of the anomaly in the product that caused us to capture missing pain scores as 0's.
- As an interesting (and I guess unsurprising) note, a larger portion of hydrocodone / oxycodone patients have pain scores than patients on non-opioid analgesics. Also average pain scores tend to be higher in those groups.

Please let me know if you have any follow-ups or questions!

Ticket for reference: [https://jira.practicefusion.com/browse/\[REDACTED\]](https://jira.practicefusion.com/browse/[REDACTED])



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Pharma Co. X Opioid_Pain_Score_(03.20.2015).xlsx>

<2015 NSM Workshop 1 Pain Portfolio Prep FINAL APRIMO APPROVED as of 1 19 (2).pptx>